

Name
in
Full125
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

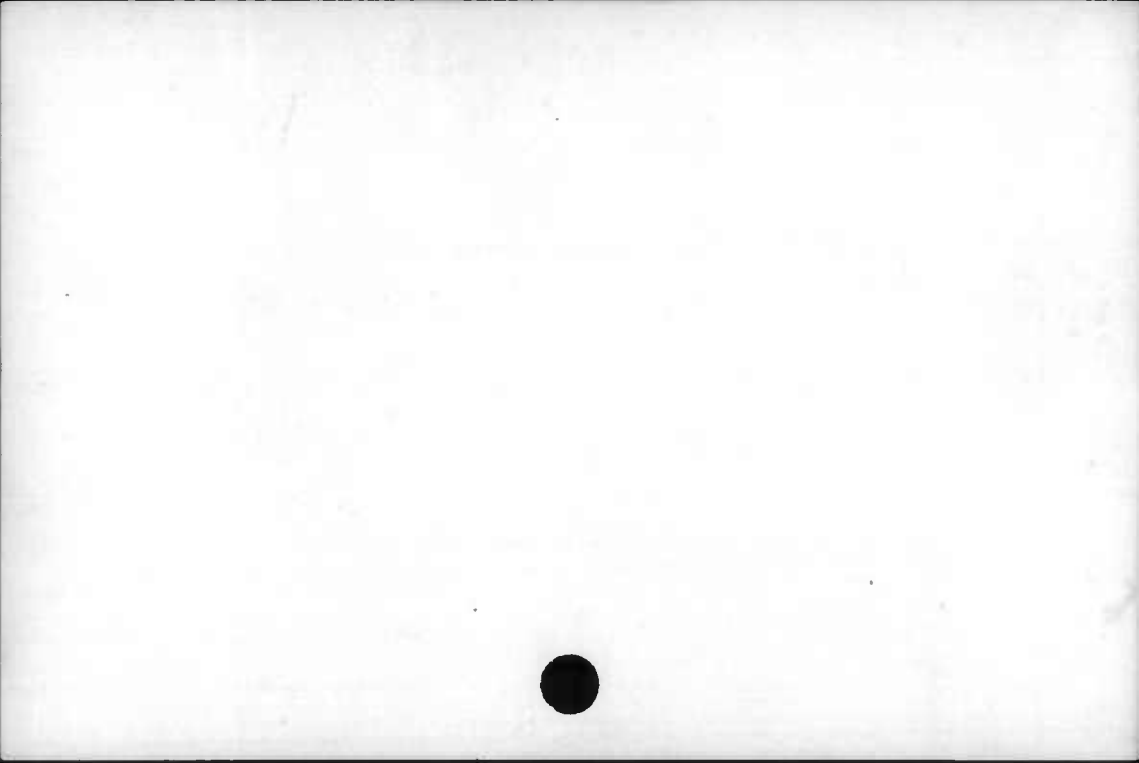
Died at *near Pacomoke Md* Town *Princes George* CountyDate of death *1908 Oct 11* Month *11* Day *11* Age *68* Years Months DaysSex *Male* Color or Race *White* Birth-place *Monter Co*Occupation *Farmer* Where Residing if not at place of death *near Pacomoke Md*Married, Single or Widowed *Married* Name of Wife or Husband *Sallie Jones*Father's Name *Jacob Boston* Father's Birthplace *Monter Co*Mother's Maiden Name *Sallie Jones* Mother's Birthplace *" "*Name of person giving Information *Jacob Boston* How related to deceased *Son*

CAUSES OF DEATH

65

PHYSICIAN
OR CORONERPrimary *Softening of Brain* How long *1 yr*Immediate *Paralysis* How long *some days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*Address *Pacomoke Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Alford. Bradford*
Town *Cronshaw* County *Mor.*

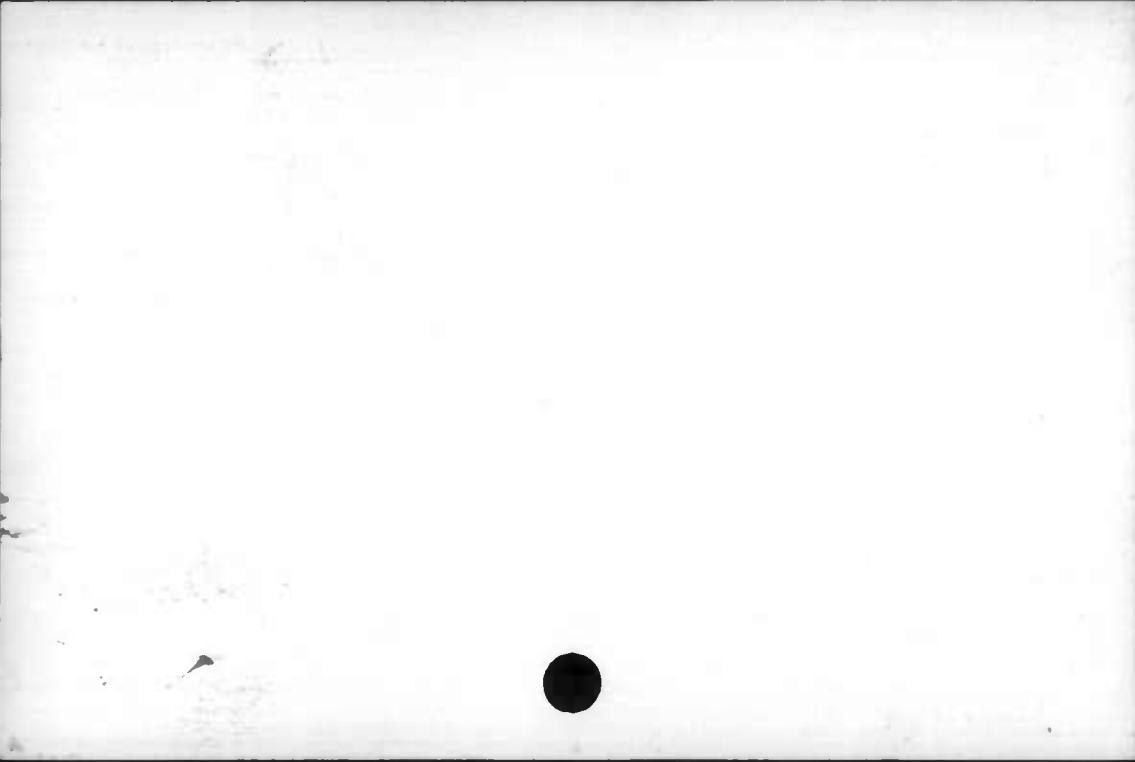
MARYLAND

Died at *Cronshaw*
Date of death *1908* Month *Oct.* Day *21* Age *two* Years Months DaysSex *male* Color or Race *white* Birth-place *Cronshaw*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Elijah Bradford* Father's Birthplace *near New Ark*Mother's Maiden Name *Ruby Butler* Mother's Birthplace *near New Ark*Name of person giving Information *Elijah Bradford* How related to deceased *Father*

CAUSES OF DEATH

150

Primary *Mal-development of Skull* How long *since 3rd month*Immediate *Encephalitis* How long *7 weeks*Are the name, age, sex, color, date and place correctly given above? Signature of Physician *C. W. Drickson*Address *Berlin*Accident or Suicide *md*PHYSICIAN
OR CORONER



Name
in
Full

Minnie E. Bratten

130

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

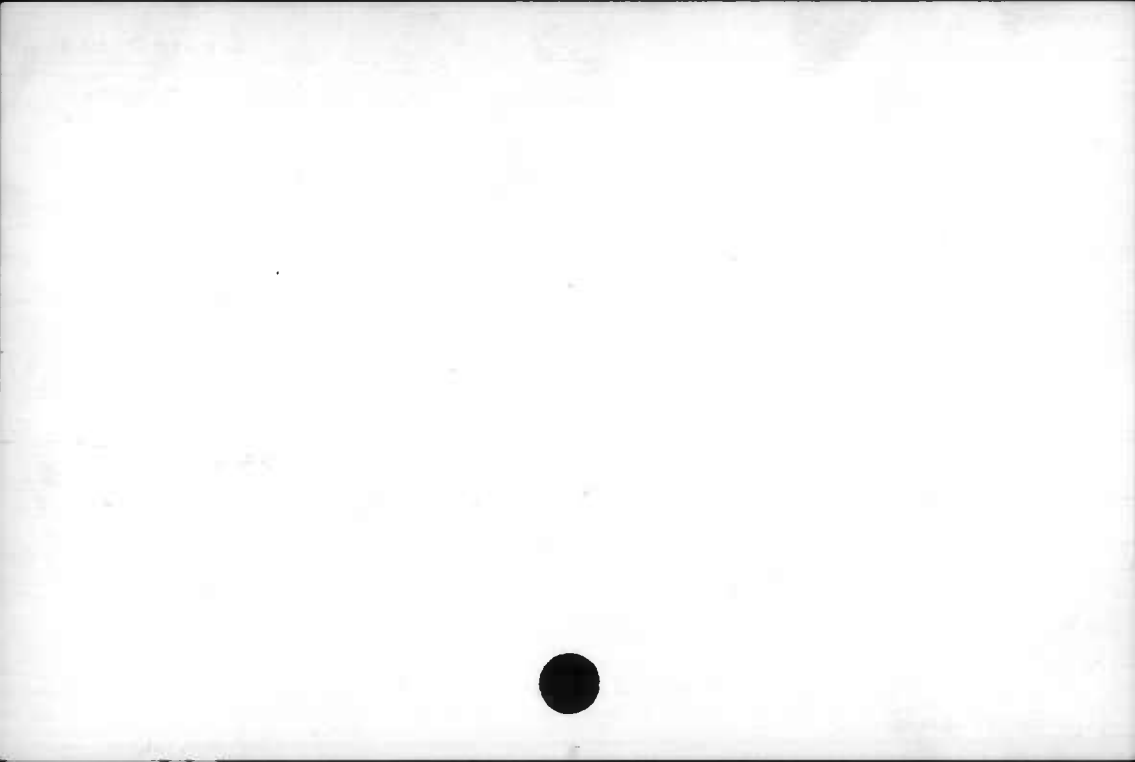
Died at		Town Pocomoke City		County Worcester		MARYLAND	
Date of death		190	Month Oct	Day 11	Age 43	Months 2	Days
Sex Female		Color or Race White		Birth- place Annersett Co			
Occupation Domestic				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed Married		Name of Wife or Husband W.F. Bratten					
Father's Name Lyons J. Ostrom		Father's Birthplace Annersett Co					
Mother's Maiden Name Dollie Porter		Mother's Birthplace Annersett Co					
Name of person giving information W.F. Bratten		How related to deceased Husband					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	50-6 years
Immediate	Broken Compensation (Drop)	How long	10 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. B. Hall	
		Address Pocomoke City, Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Viola M. Brittingham* Town *Brunswick* County *Brunswick*

Died at *Brunswick City* MARYLAND

Date of death *1908 Oct 12^c* Age *8* Months *11* Days *22*

Sex *Female* Color or Race *white* Birth-place *Md.*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name *George R. Brittingham* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah V. Melner* Mother's Birthplace *Md.*

Name of person giving Information *George R. Brittingham* How related to deceased *Father*

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary *Sanguinal diphtheria* How long *5 days*

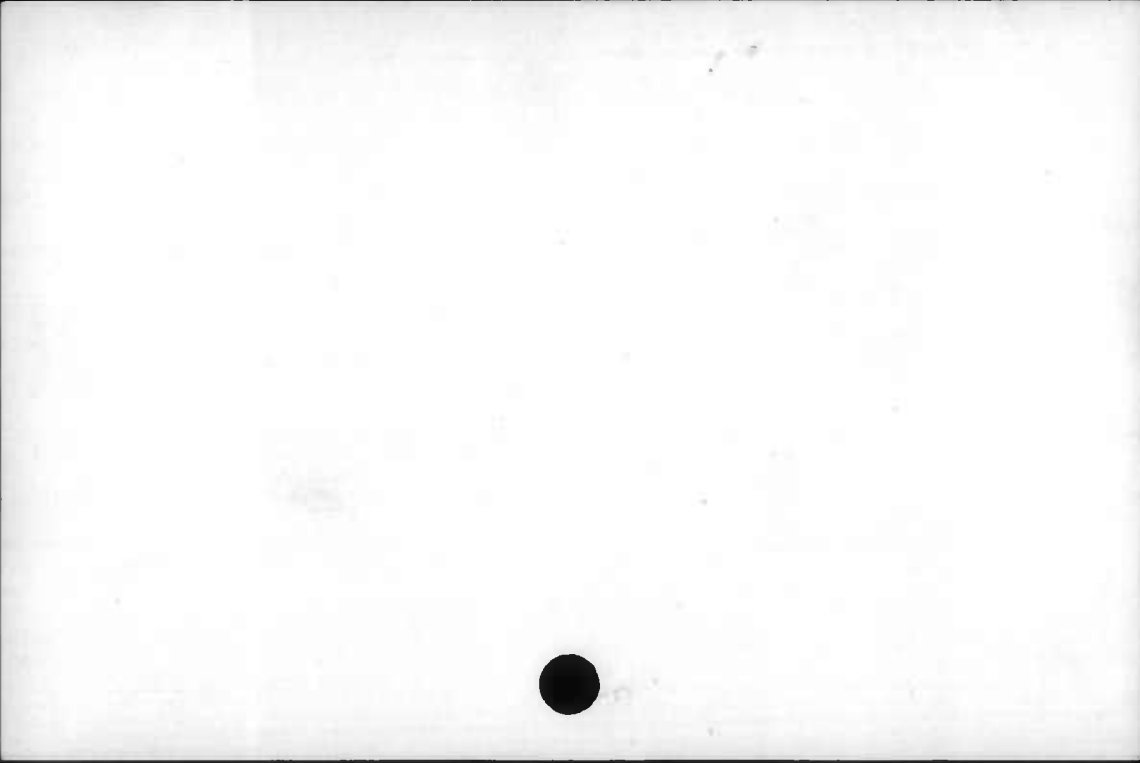
Immediate *Asphyxiation* How long *Five minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. Wilson*

Address *Brunswick City*

Accident or Suicide?



Name
in
Full125
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

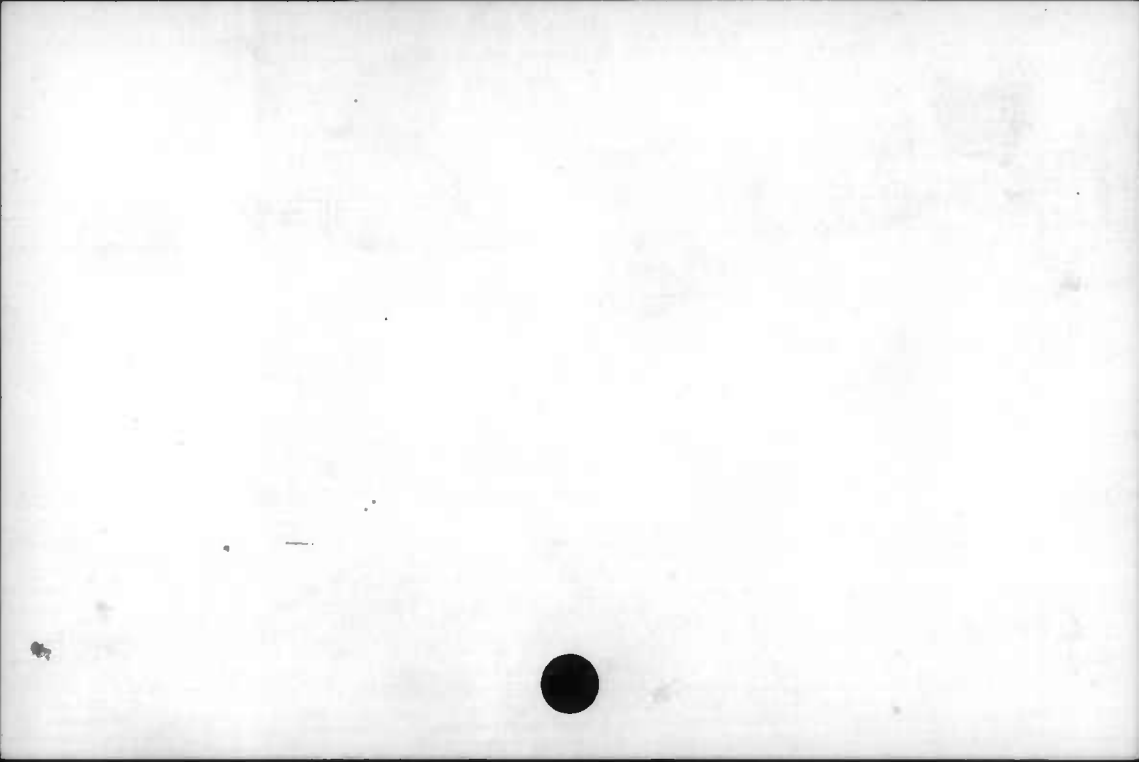
Died at <i>Pocomoke Md.</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1901</i>	Month <i>Oct.</i>	Day <i>3rd.</i>	Age	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Pocomoke</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Isaiah Costen</i>		Father's Birthplace <i>Pocomoke</i>			
Mother's Maiden Name <i>P. Drucilla Costen</i>		Mother's Birthplace <i>Pocomoke</i>			
Name of person giving Information <i>Isaiah Costen</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	How long <i>2 weeks</i>
Immediate <i>marasmus, exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. A. P. Quinn</i>
	Address <i>Pocomoke Md. Worcester Co.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

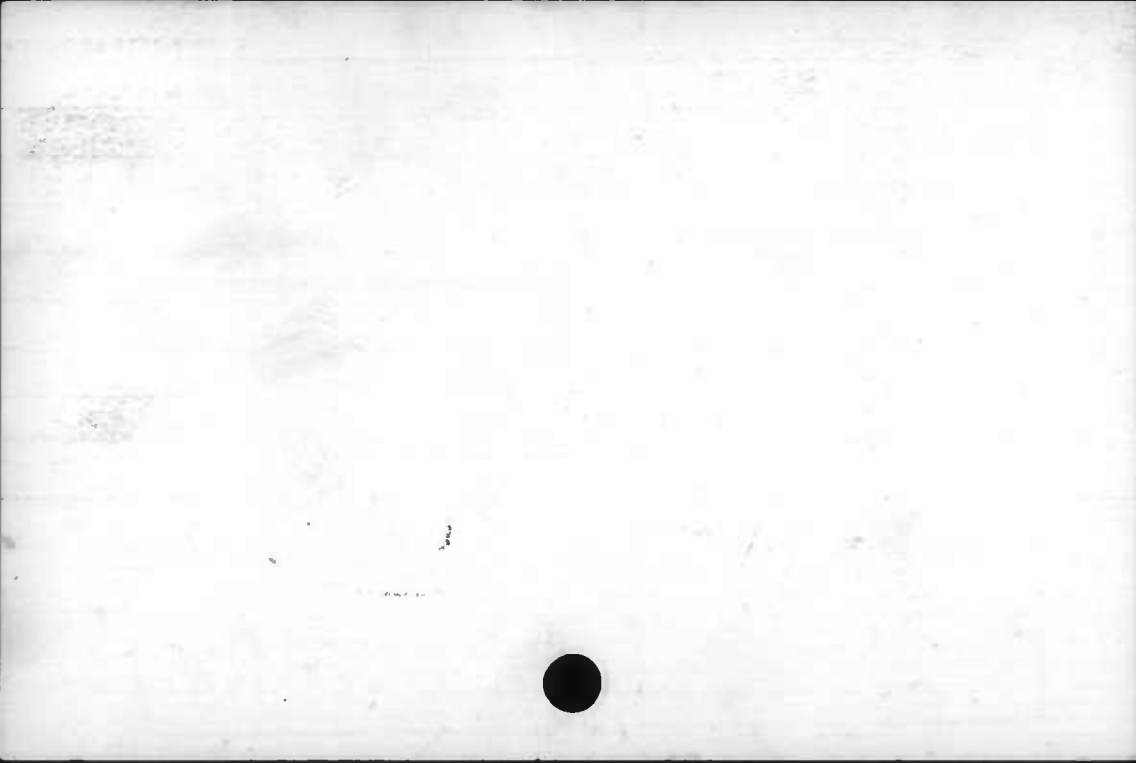
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i>		Town <i>Cropper</i>		County <i>Mor</i>		MARYLAND	
Date of death 1908		Month <i>Oct.</i>	Day <i>4</i>	Age <i>4</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Berlin</i>			
Occupation <i>Wm</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Gilbert - Cropper</i>		Father's Birthplace <i>Near Berlin</i>					
Mother's Maiden Name <i>Miss Rayner</i>		Mother's Birthplace <i>Near Berlin</i>					
Name of person giving Information <i>Gilbert Cropper</i>		How related to deceased					

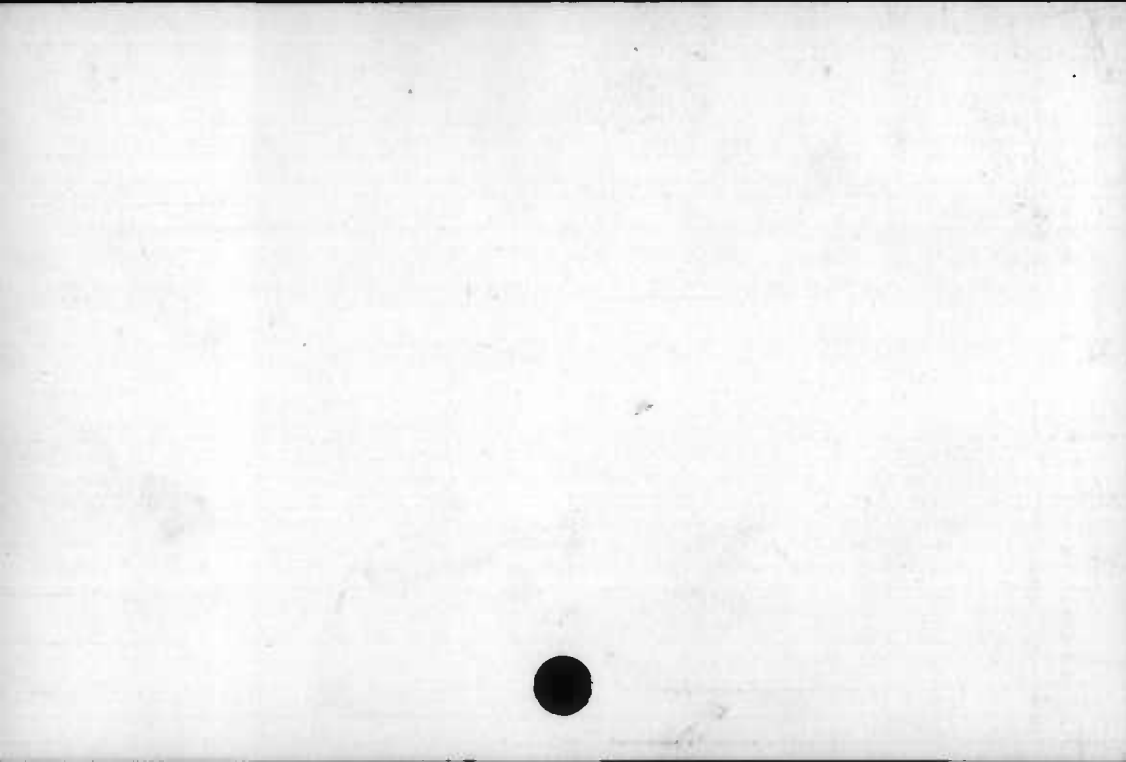
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	S
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician	
<i>Still Born</i>		Address <i>Dr. L. A. Massey Berlin, Md.</i>	
Accident or Suicide			



Name in Full William Gin		131 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Pocomoke city <small>Town</small>		Worcester <small>County</small>
	Date of death 1908 October 22nd <small>Month Day</small>		10 <small>Months</small> 21 <small>Days</small>
	Sex male	Color or Race Colored	Birth-place Pocomoke city Md
	Occupation Servant	Where Residing if not at place of death Pocomoke city Md	
	Married, Single or Widowed Single	Name of Wife or Husband Eleanor Lewis	
	Father's Name Eleanor Gin	Father's Birthplace Not Known	
	Mother's Maiden Name Sadie Landung	Mother's Birthplace Vergennes	
Name of person giving information Sadie Landung		How related to deceased Mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Inquest held by me		179 <small>How long</small>
	Immediate Ephraim Hellum Police		How long Peace
	Are the name, age, sex, color, date and place correctly given above? And Sadie Landung of Worcester		Physician
	Addressed same Bureau		Address Ephraim Hellum Police Reg
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

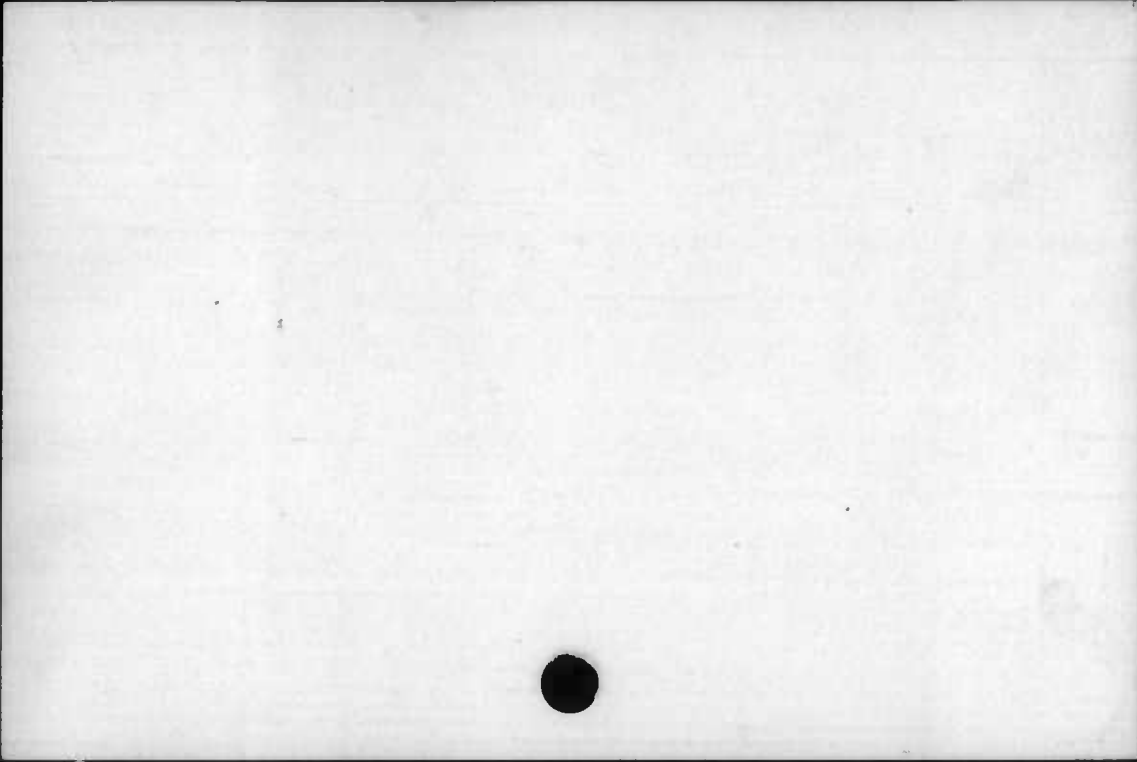
Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND			
Date of death <i>1908 Oct</i>		Month	Day <i>6</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pocomoke City, Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>J. Wm. Hearn</i>		Father's Birthplace <i>Whaleyville, Md.</i>					
Mother's Maiden Name <i>Mary Littleton</i>		Mother's Birthplace <i>Bwellville, Md.</i>					
Name of person giving information <i>J. Wm. Hearn</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Spasmodic croup</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Riley,</i>	
		Address <i>Snow Hill, Md.</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

George Edward Layball Hitchens
Town *Ocean City* County *Worcester*

MARYLAND

Died at *Ocean City*
Date of death *1908* Month *Oct* Day *18th* Age *X* Years *X* Months *1* *X* Days *8*

Sex *Male* Color or Race *White* Birth-place *Ocean City, Md.*

Occupation *X X X X* Where Residing if not at place of death *Ocean City, Md.*

~~Married~~ Single Name of Wife or Husband *X X X X X*

Father's Name *E. M. Hitchens* Father's Birthplace *Del*

Mother's Maiden Name *Mary Johnson* Mother's Birthplace *Del*

Name of person giving information *E. M. Hitchens* How related to deceased *Father*

CAUSES OF DEATH

71

Primary *Convulsions* How long *36 hours*

Immediate

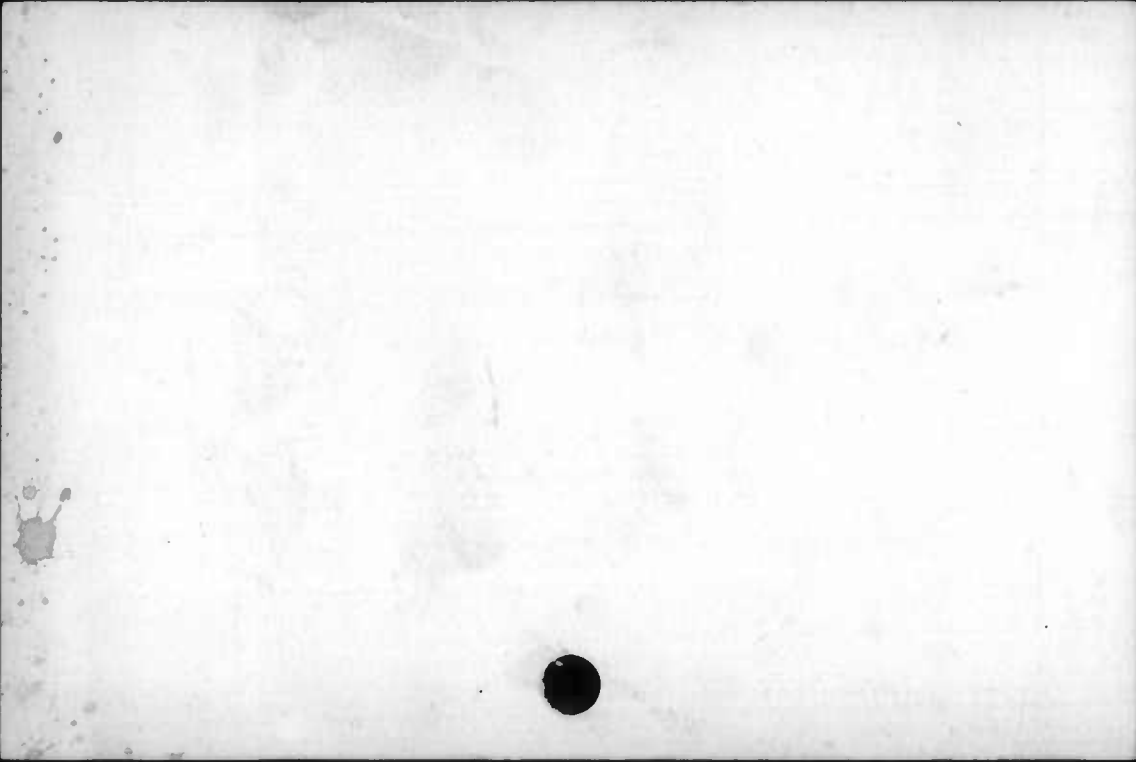
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John B. Baggett M.D.*
Address *Ocean City, Maryland.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDAngeline *Harrison*Died at *Bishop B. G. D. #1* ^{Town} *by Worcester* ^{County}

MARYLAND

Date of death *1908* ^{Month} *Oct* ^{Day} *20th* ^{Years} *Age* *55* ^{Months} ^{Days}Sex *Female* ^{Color or Race} *White* ^{Birth-place} *Delaware*Occupation *House work* ^{Where Residing if not at place of death} *at Silvester Bunting's*Married, Single or Widowed *Widowed* ^{Name of Wife or Husband} *John Harrison*Father's Name *Benjamin Blycard* ^{Father's Birthplace} *Delaware*Mother's Maiden Name *Forday Plizard* ^{Mother's Birthplace} *Del*Name of person giving Information *John Harrison* ^{How related to deceased} *Son*

CAUSES OF DEATH

27

Primary

How long

Immediate

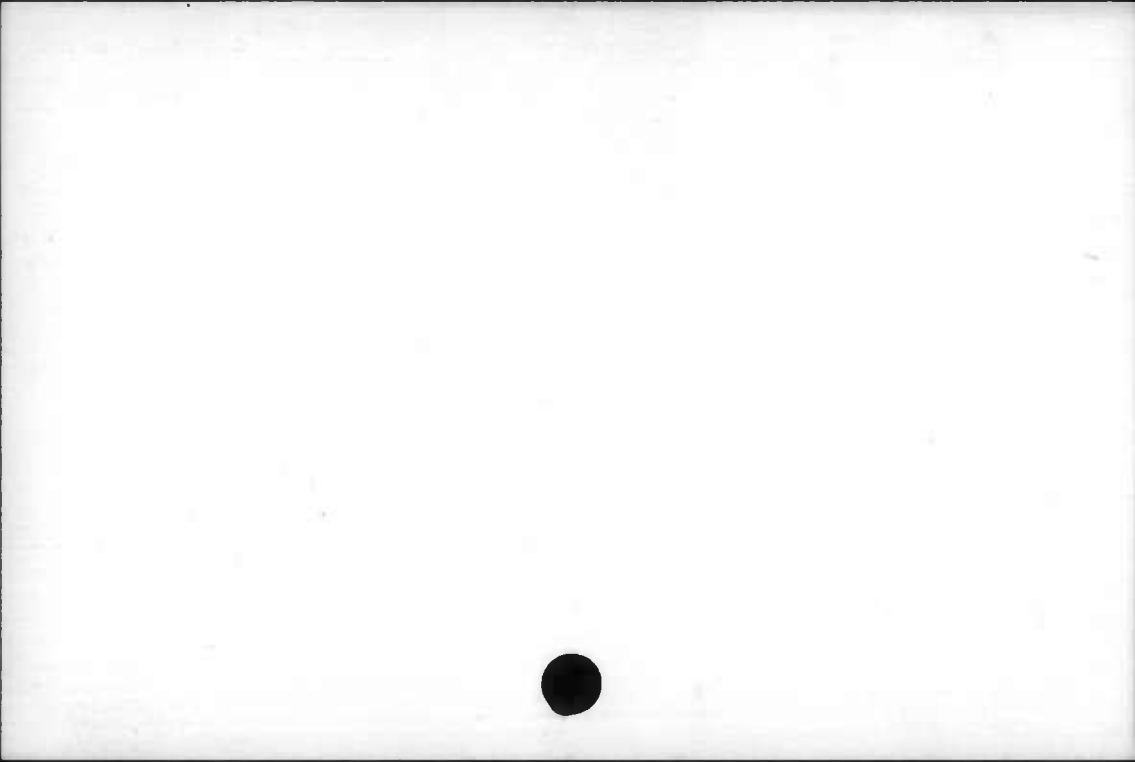
How long

Are the name, age, sex, color, date and place correctly given above?

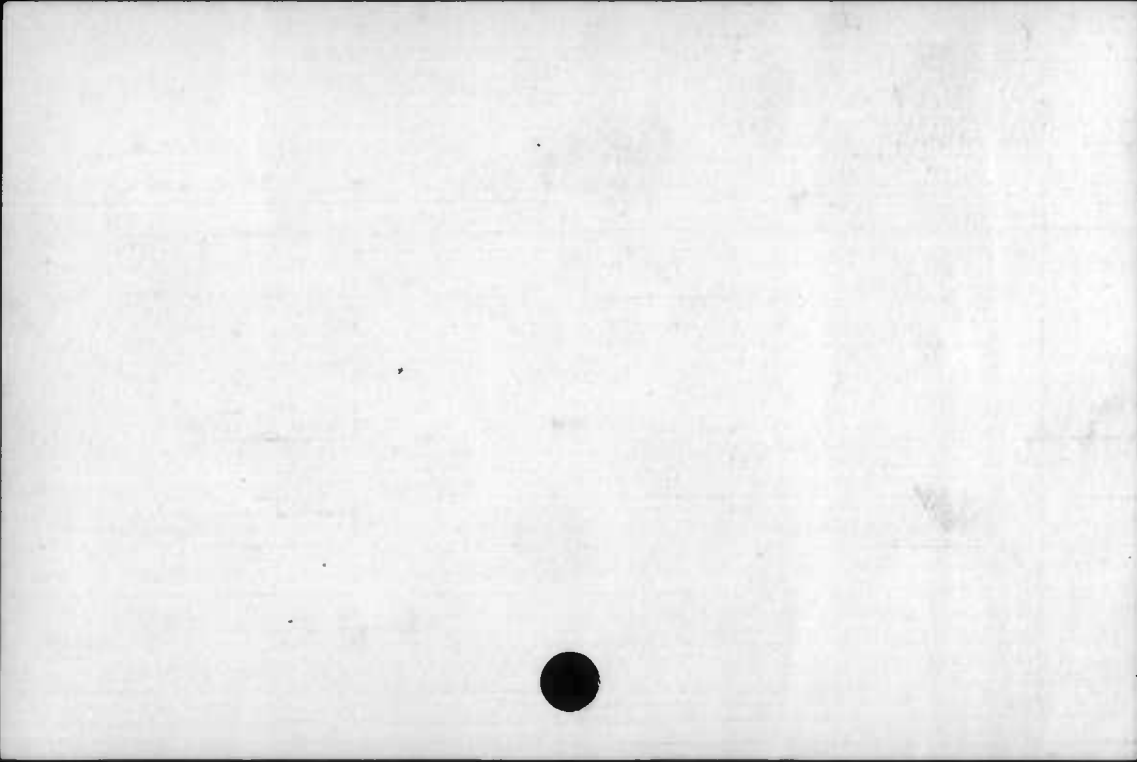
Signature of Physician

Address

PHYSICIAN
OR CORONER



Name in Full		Edna Hudson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Guthrie		County		MARYLAND	
	Date of death	1908	Month	Oct.	Day	21	Age
	Sex	Female		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death		Ind.	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Herman Hudson		Father's Birthplace		Ind.	
	Mother's Maiden Name	Mary Hull		Mother's Birthplace		Ind.	
Name of person giving information	Herman Hudson		How related to deceased		Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">105</div>							
PHYSICIAN OR CORONER	Primary	Gastro Enteritis				How long	about 3 weeks
	Immediate	Cardiac Exhaustion				How long	few hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	C. H. Bennett M.D.
	Address					Guthrie, Ind.	
Accident or Suicide?							



Name
in
Full

Henrietta Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

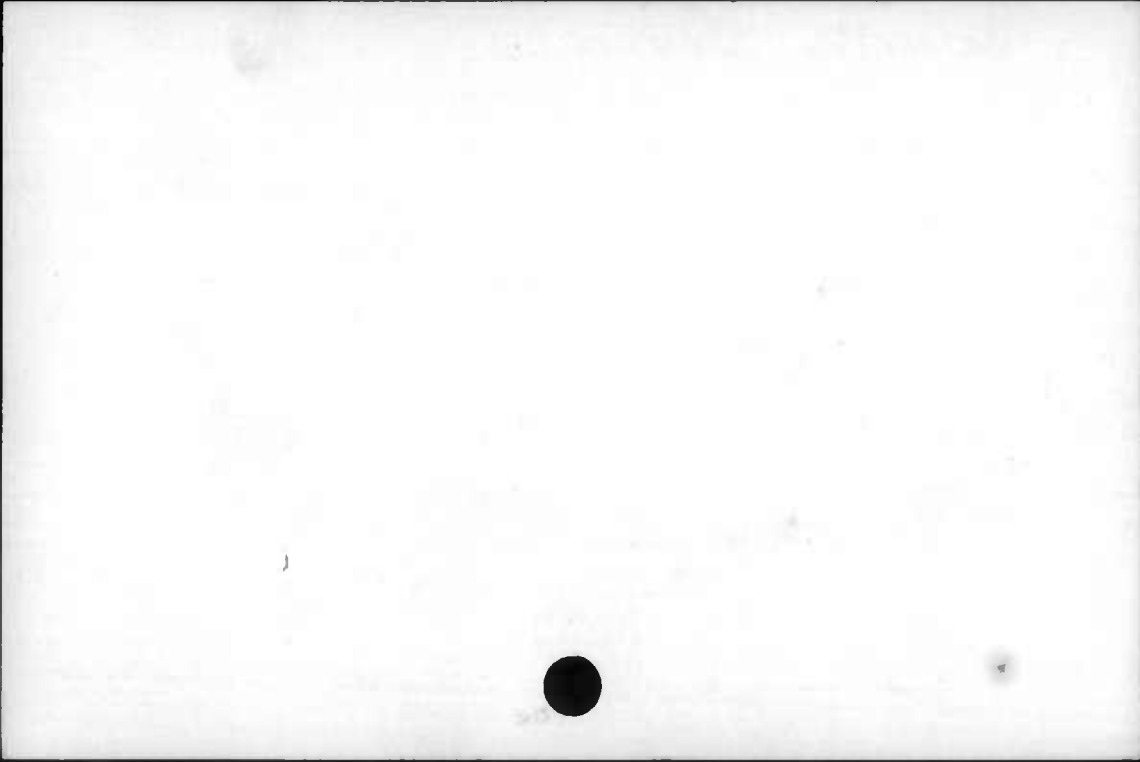
Died at <i>Crop Road</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Oct</i> ^{Month}	<i>9</i> ^{Day}	Age <i>78</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co Md</i>		
Occupation <i>Invalid</i>		Where Residing if not at place of death <i>at Place of death</i>			
Married or Widowed		Name of Wife or Husband <i>Moses Jones</i>			
Father's Name <i>Isaac Davis</i>			Father's Birthplace <i>Worcester Co Md</i>		
Mother's Maiden Name <i>Lusan Webb</i>			Mother's Birthplace <i>Worcester Co Md</i>		
Name of person giving Information <i>Isaac Davis</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of age</i>	How long <i>about 2 years</i>
Immediate <i>Failure of vital forces</i>	How long <i>Several days or less</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J J Coaster</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Name
in
Full

Sallie Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rowehill</i>		Town		<i>Worcester</i>		County	
Date of death <i>1908 Oct</i>		Month		Day <i>2</i>		Years <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>House work</i>		Where Residing if not at place of death <i>St. Anne</i>		Months		Days	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Bridney Lewis</i>		Father's Birthplace		Mother's Birthplace	
Father's Name <i>unknown</i>		Mother's Maiden Name <i>unknown</i>		How related to deceased <i>Daughter</i>		27	
Name of person giving information <i>Ralph Carman</i>		CAUSES OF DEATH		How long		How long	

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		Signature of Physician <i>R. P. Collins</i>	
Immediate		Address <i>Bishopville Md.</i>	
Are the name, age, sex, color, date and place correctly given above?		Accident or Suicide? <i>T. Rayne</i>	

(15)



Name
in
Full

M Keeler Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Berlin ^{County} Mon **MARYLAND**

Date of death 1908 ^{Month} Oct ^{Day} 20 ^{Years} Age 73 ^{Months} ^{Days}

Sex - Female Color or Race White Birth-place Near Berlin

Occupation House Keeper Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name J. M. Marshall Father's Birthplace Berlin

Mother's Maiden Name Elizabeth D. M. Lewis Mother's Birthplace Worcester, Mass

Name of person giving Information Gordon Marshall How related to deceased Bro.

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Malignant disease of Liver How long several years

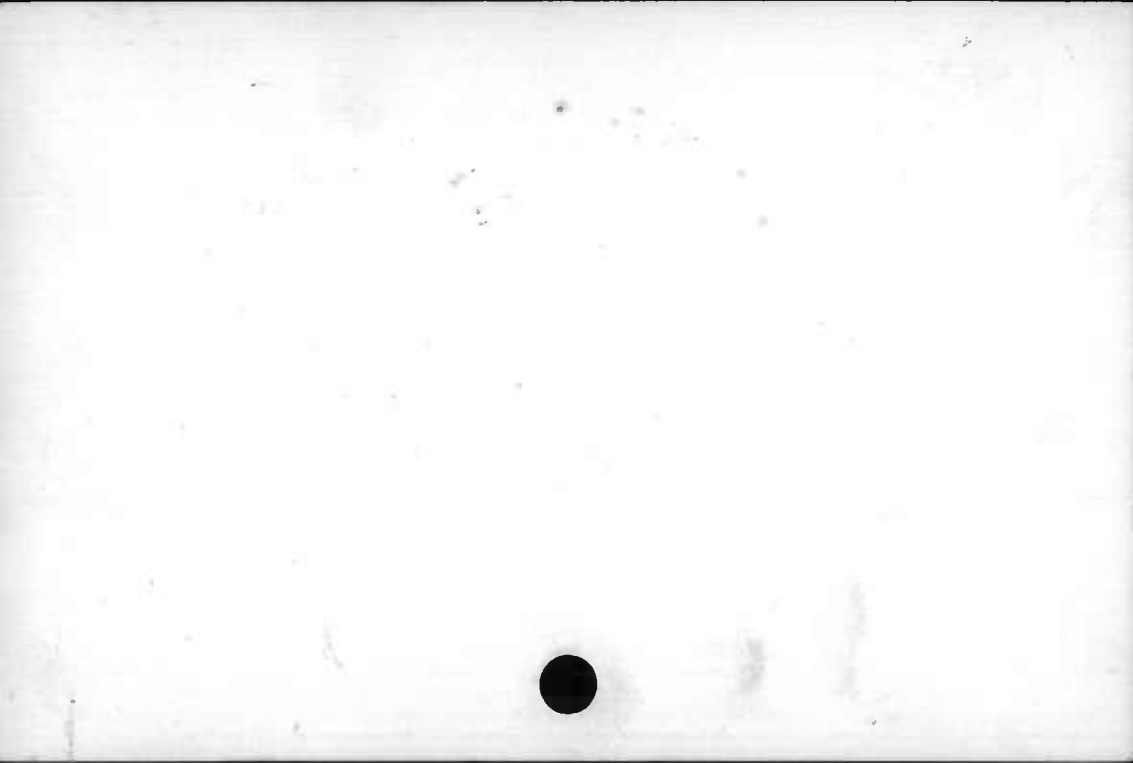
Immediate Cause of Death Jaundice How long 1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician C. W. Drickson

Address Berlin, Md

Accident or Suicide



Name
in
Full

Orelia Merrill

132

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

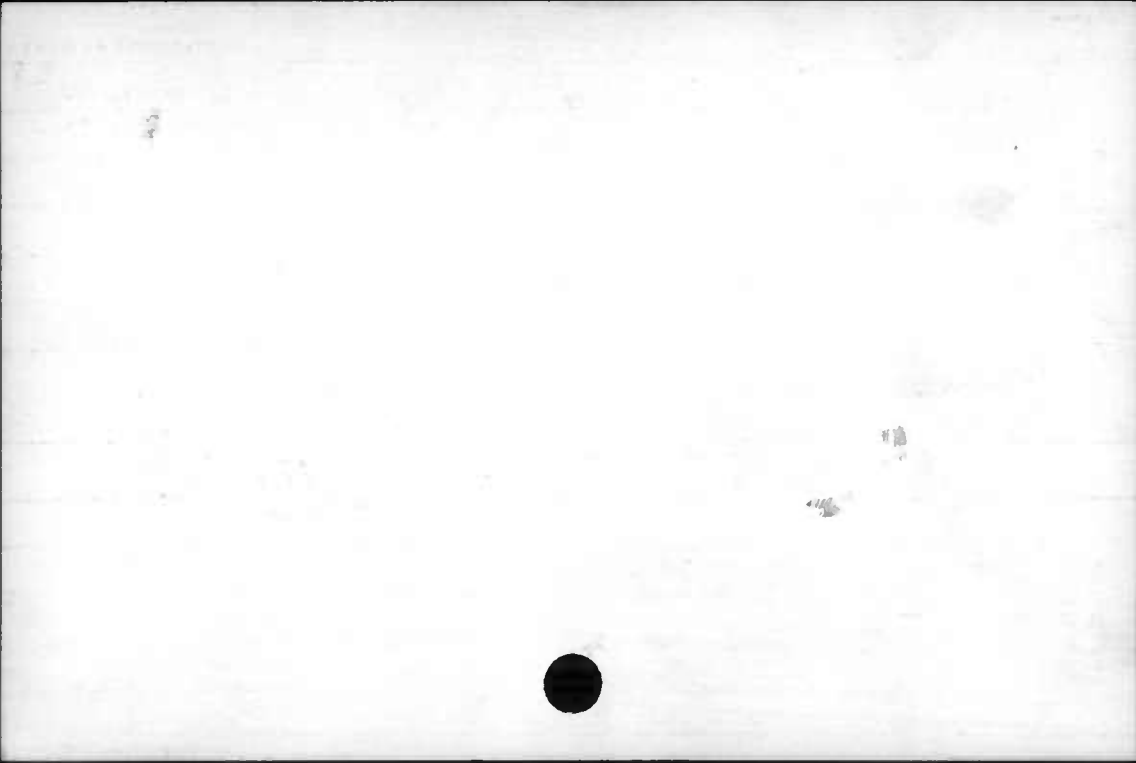
Died at		Town Pocomoke City		County Worcester		MARYLAND	
Date of death		1908	Month Oct	Day 23	Age 28	Years 5	Months 18
Sex Female		Color or Race Colored		Birth- place Worcester Co. Md			
Occupation Domestic				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Al. Merrill			
Father's Name Chas. J. Melington				Father's Birthplace Accomack Co. Va			
Mother's Maiden Name Harriet Ward				Mother's Birthplace Worcester Co. Md			
Name of person giving Information Henry Ward				How related to deceased Brother			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	10 days
Immediate	Uræmic Poisoning	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. Peetree	
		Address Pocomoke City, Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Leah Oregeke

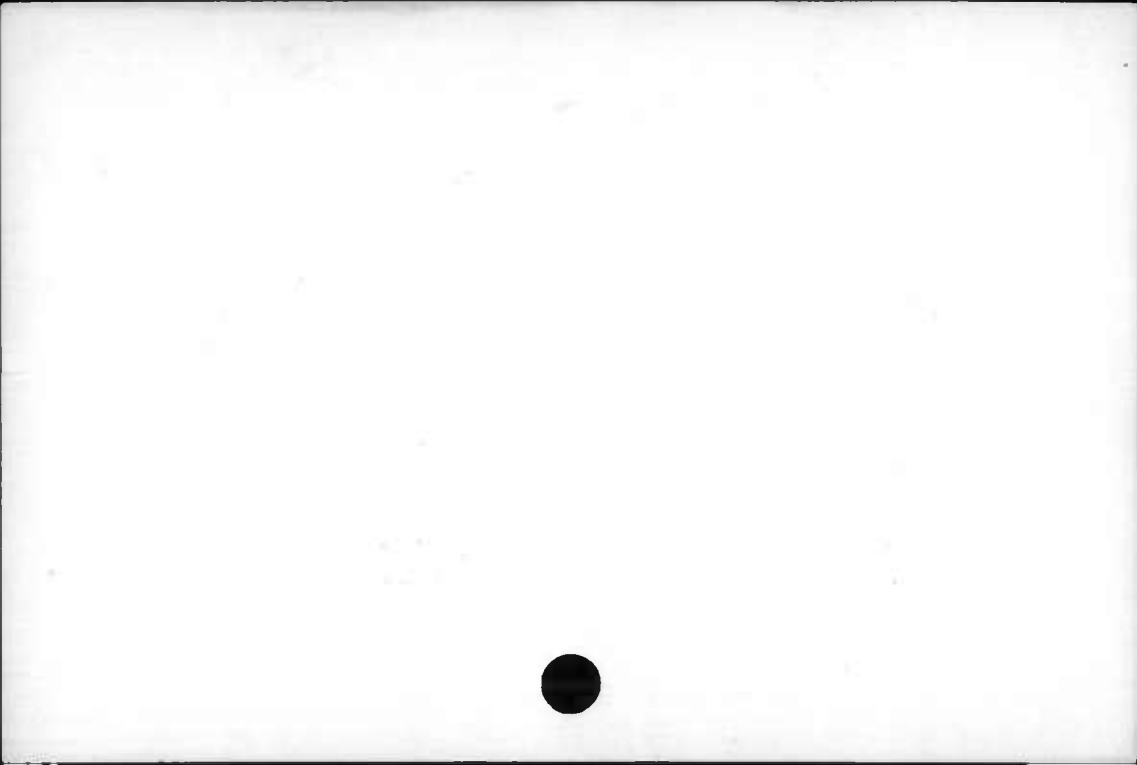
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i> ^{Month} <i>Oct</i> ^{Day} <i>18th</i>		Age <i>4</i> ^{Years}		<i>4</i> ^{Months}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pocomoke</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Oregeke</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Sarah Bliss</i>		Mother's Birthplace <i>Russia</i>			
Name of person giving Information <i>Moses B. Finklestein</i>		How related to deceased <i>Nom</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>(179) From Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. W. C. Quinn</i>	
		Address <i>Pocomoke Md.</i>	
Accident or Suicide		<i>Worcester County</i>	



Name
in
Full

Edna E. Rayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

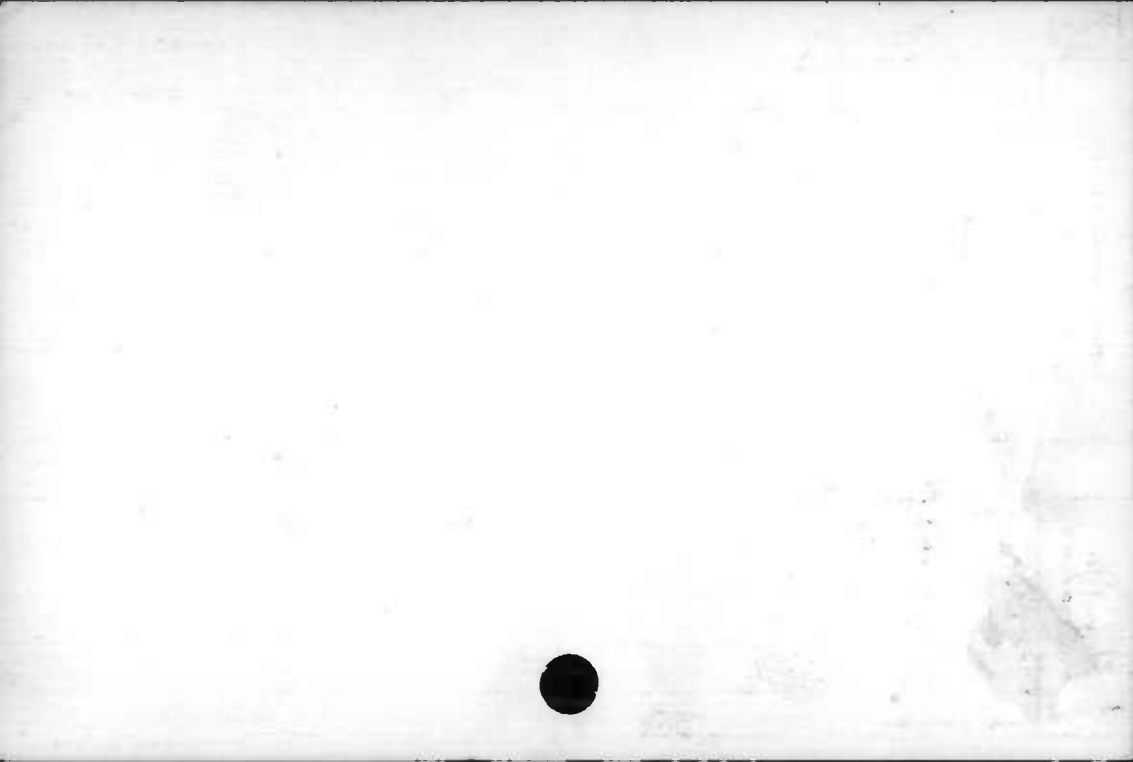
Died at <i>Near Berlin</i>		Town <i>Berlin</i>		County <i>Worcester</i>		MAYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>15</i>	Age	Years	Months <i>7</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Near Berlin</i>					
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Geo Rayne</i>	Father's Birthplace <i>Berlin</i>						
Mother's Maiden Name <i>Parrell</i>	Mother's Birthplace <i>Berlin Md</i>						
Name of person giving Information <i>Geo Rayne</i>		How related to deceased <i>To the</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>No Dr in attendance</i>	How long
Immediate	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>J. E. Miller & Undertakers</i>
	Address <i>OK L. A. Massey</i>
Accident or Suicide	<i>Berlin Md.</i>



Name
in
Full

Tahitka Rayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Tynesport Monroeville County MARYLAND

Date of death 190 8 Month Oct Day 12 Age 83 Months — Days —

Sex Female Color or Race Black Birth-place Maryland

Occupation None Where Residing if not at place of death —

Married ☒ Single ☐
or Widowed ☐ Name of Wife or Husband —

Father's Name unknown

Father's Birthplace unknown

Mother's Maiden Name unknown

Mother's Birthplace unknown

Name of person giving Information E. B. Leary

How related to deceased Mr

CAUSES OF DEATH

179

Primary

How long

Immediate No Sec in attendance

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

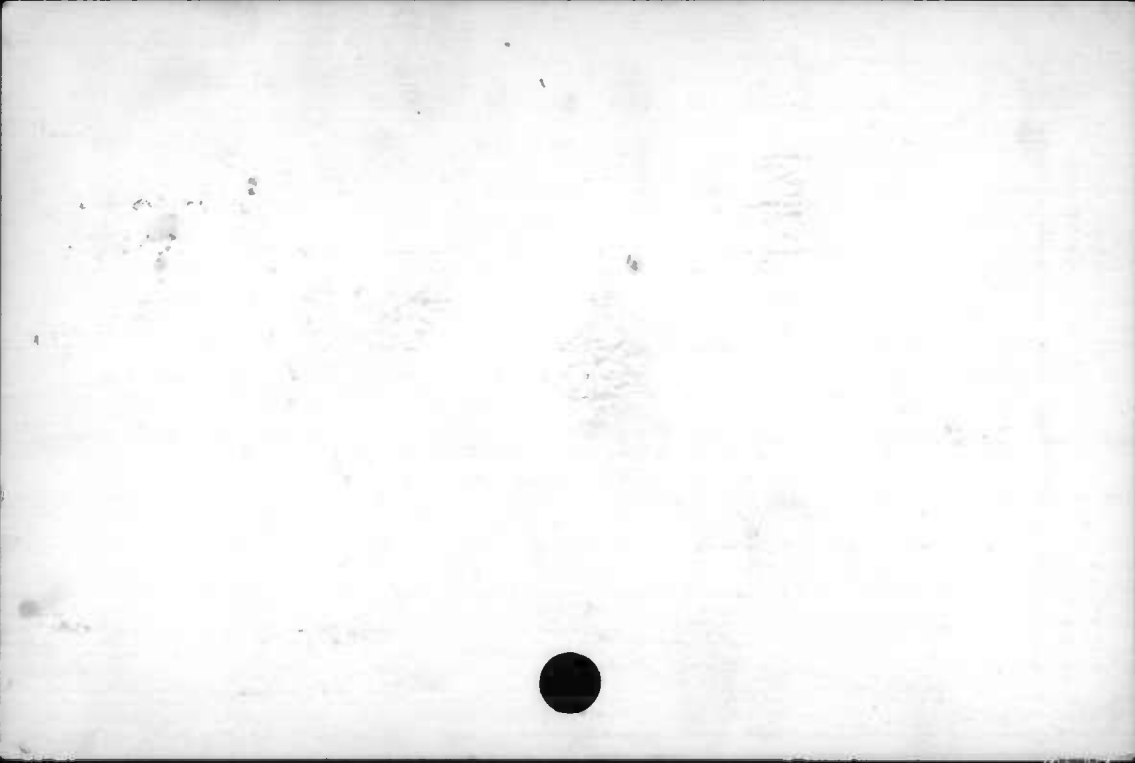
Address

E. J. Evans
Appoint or Suicide undertaker



O.K. D. A. Massey
Berlin, Md

PHYSICIAN
OR CORONER



Name
in
Full

Annie Smack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

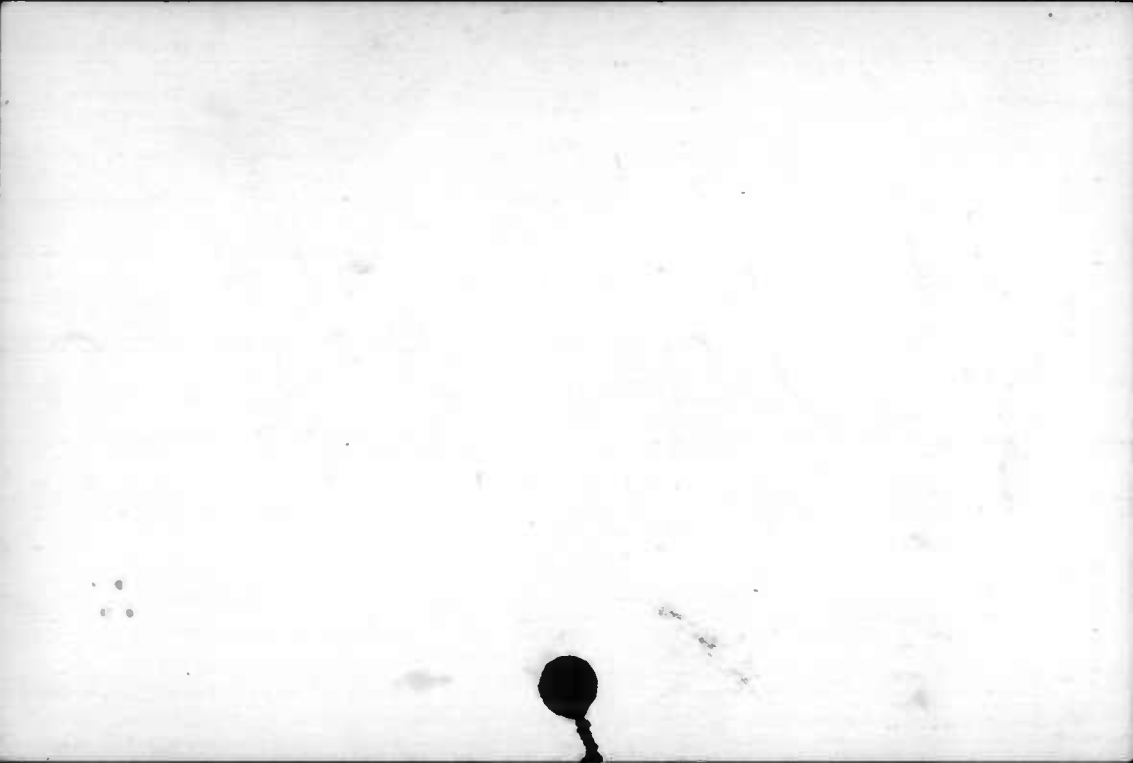
Died at <i>Berlin</i> Town		<i>Winchester</i> County		MARYLAND	
Date of death	1908	Month	<i>Oct</i>	Day	<i>10</i>
Age		<i>38</i>		Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Maryland</i>
Occupation		<i>Servant</i>			
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>unknown</i>			
Father's Birthplace		<i>North Carolina</i>			
Mother's Maiden Name		<i>Maggie Robbins</i>			
Mother's Birthplace		<i>Maryland</i>			
Name of person giving Information		<i>May Smack</i>			
How related to deceased		<i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute nephritis</i>	How long	<i>6 mo</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>C. W. Drickson</i>	
		Address	
		<i>Berlin Md</i>	
Accident or Suicide			

119



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Whaley Childs

Town *Berlin* County *Worcester* MARYLAND

Died at *Berlin*

Date of death 1908 Month *Oct* Day *30* Age *5* Months Days

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *none* Where Residing If not at place of death *✓*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Whaley* Father's Birthplace *Maryland*

Mother's Maiden Name *Imogene* Mother's Birthplace *✓*

Name of person giving Information *William Parrett* How related to deceased *son*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

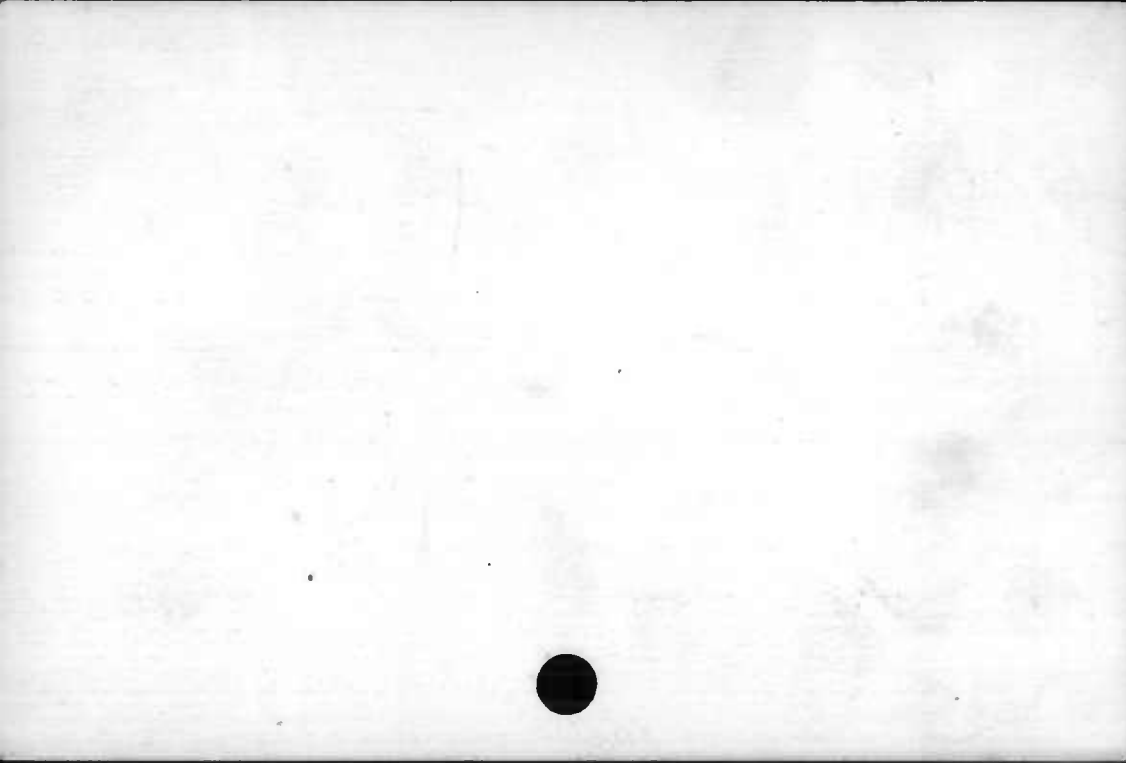
Primary *Pneumonia* How long *5 days*

Immediate *Pneumonia* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Tynall* Address *Berlin*

Accident or Suicide



Name
in
Full

Edward Z. White

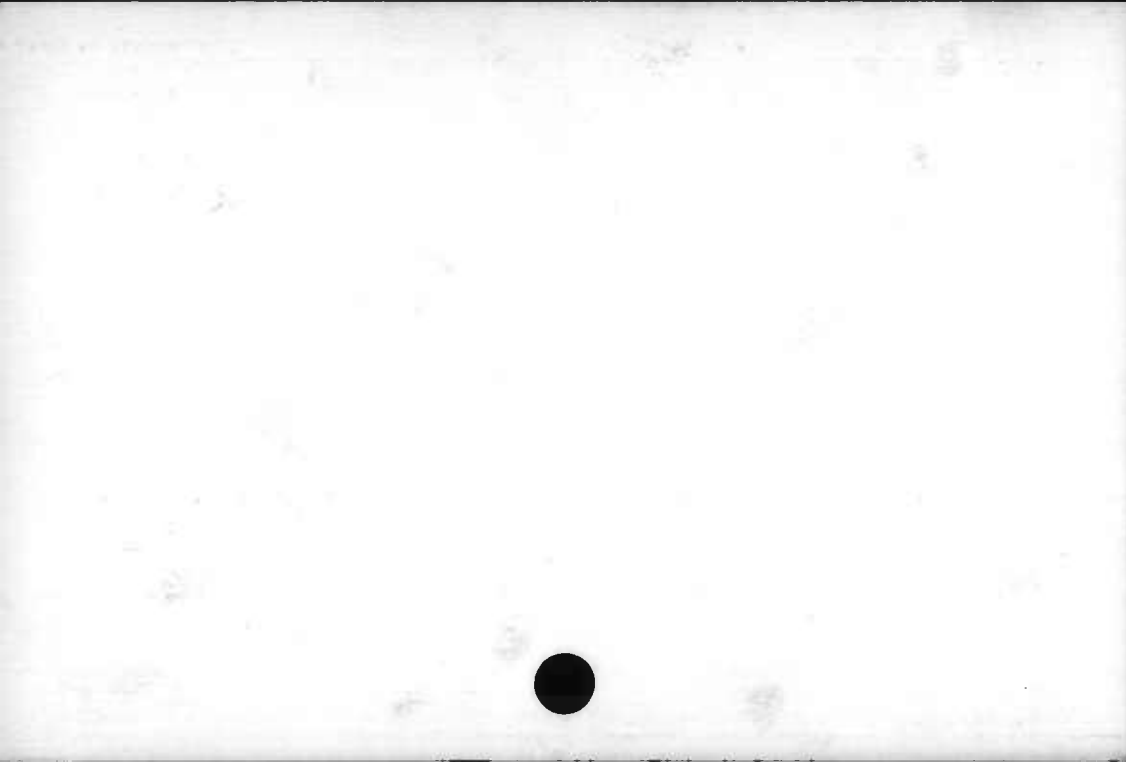
127
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Maryland</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>Oct</i>	Day <i>12</i>	Years <i>46</i>	Months <i>6</i>	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Pittsburg, W. Va.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georgiana A. White</i>					
Father's Name <i>Geo. White</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Missiea Carr</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Georgiana A. White</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 1/2 weeks</i>
Immediate <i>Humane followed by diarrhea</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Hae</i>
	Address <i>Pocomoke City, Md.</i>
Accident or Suicide	



Name in Full Hesler Whittington		Town Stockton		County Worcester		CERTIFICATE OF DEATH	
Died at Stockton		Month 10		Day 20		Years 6	
Date of death 1904		Months —		Days —		MARYLAND	
Sex female		Color or Race Black		Birthplace md			
Occupation none		Where Residing if not at place of death —					
Married Single or Widowed		Name of Wife or Husband —					
Father's Name Joseph Whittington		Father's Birthplace md					
Mother's Maiden Name Mary Becketts		Mother's Birthplace md					
Name of person giving information Jos B Allen		How related to deceased nom					
		CAUSES OF DEATH		27			
Primary consumption				How long 6 months			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W O. Payne, Jr.		Address —			
Accident or Suicide?							

(1-)

